

PLACER COUNTY HEALTH AND HUMAN SERVICES

Division of Environmental Health

Auburn Office

3091 County Center Dr. Suite 180
Auburn, Ca 95603
(530) 745-2300



Tahoe Office

P.O. Box 1909
Tahoe City, Ca 96145
(530) 581-6240

**VERIFICATION OF COMMISSARY
FOR MOBILE FOOD FACILITY /
MOBILE FOOD PREPARATION UNITS / CATERERS**

VEHICLE INFORMATION

Business Name on Vehicle _____

Address _____

City _____ Zip _____

Phone _____

Vehicle License Plate # _____

VEHICLE OWNER INFORMATION

Name _____

Address _____

City _____ Zip _____

Phone _____

The above mentioned vehicle shall operate out of an approved commissary and shall report to the commissary at least once each operating day for cleaning and servicing.

[C.H.S.C. Sect. 114295] If the use of the commissary is discontinued the permit-holder must notify the Environmental Health Division (530) 889-7335 to make the necessary changes. I agree to operate as stated above.

Signature of Vehicle Operator

Date

COMMISSARY INFORMATION

Commissary Name _____

Commissary Owner _____

Commissary Address _____

City _____ Zip _____

Commissary phone _____

Type of facility: ☐ Commissary ☐ Restaurant ☐ Market ☐ Other _____

Attach a copy of the Current Food Establishment Permit.

Signature of Commissary Owner

Date

Submit **original** form, written ink. **Copies not accepted.**